



Sect 101

Docket No: AM100307-00  
Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Michael Aven et al.**  
Serial No.: **09/865,023** Attention **Initial Patent**  
Filed: **May 24, 2001** **Examination Division**  
For: **Enhancement Of The Activity Of Carotenoid Biosynthesis Inhibitor**  
**Herbicides**

Assistant Commissioner for Patents  
Washington, DC 20231

October 2, 2001

Sir:

NOTICE TO FILE MISSING PARTS

Please charge deposit account 02-1197 for any fees associated with entering the declaration attached.

Responsive to a Notice To File Missing Parts mailed July 26, 2001 and further to a request for a one month extension of time, here is a declaration signed by the inventors and a copy of the PTO notice.

~~~~~  
CERTIFICATION UNDER 37 CFR 1.8

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below with sufficient postage as first class mail in an envelope addressed to Box: Missing Parts, Assistant Commissioner for Patents, Washington, D.C. 20231.

Oct 3, 2001  
Date

Delia Coughlin  
Delia Coughlin

If the Initial Patent Examination Division has any questions, a telephone contact to the applicant's attorney is respectfully requested.

Respectfully submitted,


A handwritten signature in cursive script, appearing to read "C. Costello".

Charles F. Costello


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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

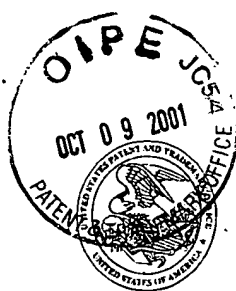
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|----------------------------------------------------------------------------------|-----------------------------|--------------------------|---------------------|-------------|
|  | <b>COMPLETE TRANSMITTAL</b> | <i>Complete if Known</i> |                     |             |
|                                                                                  | <b>FY 2001</b>              | Application Number       | 09/865,023          |             |
|                                                                                  |                             | Filing Date              | May 24, 2001        |             |
|                                                                                  |                             | First Named Inventor     | Michael Aven et al. |             |
|                                                                                  |                             | Examiner Name            | N/A                 |             |
|                                                                                  | Group Art Unit              | N/A                      |                     |             |
| TOTAL AMOUNT OF PAYMENT                                                          |                             | (\$240.00)               | Attorney Docket No. | AM100307-00 |

| METHOD OF PAYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <b>02-1197</b></p> <p>Deposit Account Name: <b>BASF Corporation</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>\$130.00</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English Specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner Action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner Action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$110.00</td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>1200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive- unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive- unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.7(q)</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> </tbody> </table> <p>Other fee (specify):</p> <p>*Reduced by Basic Filing Fee Paid</p> <p style="text-align: right;"><b>SUBTOTAL (3) (\$240.00)</b></p> | Fee Code        | Large Entity Fee (\$) | Fee Code                                                                   | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath | \$130.00 | 127 | 50  | 227 | 25                | Surcharge-late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English Specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner Action |                     | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner Action |              | 115          | 110            | 215      | 55     | Extension for reply within first month | \$110.00 | 116 | 400   | 216 | 1200 | Extension for reply within second month |                | 117             | 920            | 217             | 460             | Extension for reply within third month |     | 118 | 1,440 | 218 | 720                    | Extension for reply within fourth month |     | 128 | 1,960 | 228 | 980                               | Extension for reply within fifth month |     | 119 | 310 | 219 | 155                                    | Notice of Appeal |     | 120 | 310 | 220 | 155                                               | Filing a brief in support of an appeal |     | 121 | 270 | 221 | 135                                                     | Request for oral hearing |                     | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive- unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive- unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.7(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
| Fee Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                                                                                                                                                        | Fee Code        | Small Entity Fee (\$) | Fee Description                                                            | Fee Paid              |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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| 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 205             | 65                    | Surcharge - late filing fee or oath                                        | \$130.00              |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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                                                                                                                                                                                                                        | 227             | 25                    | Surcharge-late provisional filing fee or cover sheet                       |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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| 139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 139             | 130                   | Non-English Specification                                                  |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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| 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 147             | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |                |          |        |                                        |          |     |       |     |      |                                         |                |                 |                |                 |                 |                                        |     |     |       |     |                        |                                         |     |     |       |     |                                   |                                        |     |     |     |     |                                        |                  |     |     |     |     |                                                   |                                        |     |     |     |     |                                                         |                          |                     |     |       |     |       |                                               |  |     |     |     |    |                                 |  |     |       |     |     |                                  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| 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 246             | 355                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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                                                                                                                                                                                                                        | 249             | 355                   | For each additional invention to be examined (37 CFR § 1.129(b))           |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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                                                                                                                                                                                                                        | 279             | 355                   | Request for Continued Examination (RCE)                                    |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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                                                                                                                                                                                                                        | 169             | 900                   | Request for expedited examination of a design application                  |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20**=</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>-3**=</td> <td>X</td> <td></td> <td></td> </tr> </tbody> </table> <p>Multiple Dependent</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claims, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 &amp; over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b></td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p> | Large Fee Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Entity Fee (\$) | Small Fee Code        | Entity Fee (\$)                                                            | Fee Description       | Fee Paid        | 101      | 740 | 201 | 370 | Utility filing fee |                                     | 106      | 320 | 206 | 160 | Design filing fee |                                                      | 107 | 490 | 207 | 245 | Plant filing fee |                           | 108 | 710 | 208   | 355 | Reissue filing fee |                                                        | 114 | 150 | 214  | 75  | Provisional filing fee |                                                        | <b>SUBTOTAL (1)</b> |     |        |     |        | <b>(\$)</b>                                         | Total Claims | Extra Claims | Fee from below | Fee Paid | -20**= | X                                      |          |     | -3**= | X   |      |                                         | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid                               | 103 | 18  | 203   | 9   | Claims in excess of 20 |                                         | 102 | 80  | 202   | 40  | Independent claims in excess of 3 |                                        | 104 | 270 | 204 | 135 | Multiple dependent claims, if not paid |                  | 109 | 80  | 209 | 40  | **Reissue independent claims over original patent |                                        | 110 | 18  | 210 | 9   | **Reissue claims in excess of 20 & over original patent |                          | <b>SUBTOTAL (2)</b> |     |       |     |       | <b>(\$)</b>                                   |  |     |     |     |    |                                 |  |     |       |     |     |                                   |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                    |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |     |     |     |     |                                         |  |     |     |     |     |                                                           |  |
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| Large Fee Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                                                                                                        | Small Fee Code  | Entity Fee (\$)       | Fee Description                                                            | Fee Paid              |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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| 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 203             | 9                     | Claims in excess of 20                                                     |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |                |          |        |                                        |          |     |       |     |      |                                         |                |                 |                |                 |                 |                                        |     |     |       |     |                        |                                         |     |     |       |     |                                   |                                        |     |     |     |     |                                        |                  |     |     |     |     |                                                   |                                        |     |     |     |     |                                                         |                          |                     |     |       |     |       |                                               |  |     |     |     |    |                                 |  |     |       |     |     |                                   |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                    |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |     |     |     |     |                                         |  |     |     |     |     |                                                           |  |
| 102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 202             | 40                    | Independent claims in excess of 3                                          |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |                |          |        |                                        |          |     |       |     |      |                                         |                |                 |                |                 |                 |                                        |     |     |       |     |                        |                                         |     |     |       |     |                                   |                                        |     |     |     |     |                                        |                  |     |     |     |     |                                                   |                                        |     |     |     |     |                                                         |                          |                     |     |       |     |       |                                               |  |     |     |     |    |                                 |  |     |       |     |     |                                   |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                    |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |     |     |     |     |                                         |  |     |     |     |     |                                                           |  |
| 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 204             | 135                   | Multiple dependent claims, if not paid                                     |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |                |          |        |                                        |          |     |       |     |      |                                         |                |                 |                |                 |                 |                                        |     |     |       |     |                        |                                         |     |     |       |     |                                   |                                        |     |     |     |     |                                        |                  |     |     |     |     |                                                   |                                        |     |     |     |     |                                                         |                          |                     |     |       |     |       |                                               |  |     |     |     |    |                                 |  |     |       |     |     |                                   |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                    |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |     |     |     |     |                                         |  |     |     |     |     |                                                           |  |
| 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 209             | 40                    | **Reissue independent claims over original patent                          |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |                |          |        |                                        |          |     |       |     |      |                                         |                |                 |                |                 |                 |                                        |     |     |       |     |                        |                                         |     |     |       |     |                                   |                                        |     |     |     |     |                                        |                  |     |     |     |     |                                                   |                                        |     |     |     |     |                                                         |                          |                     |     |       |     |       |                                               |  |     |     |     |    |                                 |  |     |       |     |     |                                   |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                    |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |     |     |     |     |                                         |  |     |     |     |     |                                                           |  |
| 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        | 210             | 9                     | **Reissue claims in excess of 20 & over original patent                    |                       |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |                |          |        |                                        |          |     |       |     |      |                                         |                |                 |                |                 |                 |                                        |     |     |       |     |                        |                                         |     |     |       |     |                                   |                                        |     |     |     |     |                                        |                  |     |     |     |     |                                                   |                                        |     |     |     |     |                                                         |                          |                     |     |       |     |       |                                               |  |     |     |     |    |                                 |  |     |       |     |     |                                   |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                    |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |     |     |     |     |                                         |  |     |     |     |     |                                                           |  |
| <b>SUBTOTAL (2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                        |                 |                       |                                                                            | <b>(\$)</b>           |                 |          |     |     |     |                    |                                     |          |     |     |     |                   |                                                      |     |     |     |     |                  |                           |     |     |       |     |                    |                                                        |     |     |      |     |                        |                                                        |                     |     |        |     |        |                                                     |              |              |             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 |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                    |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |     |     |     |     |                                         |  |     |     |     |     |                                                           |  |

|                     |                                                                                     |                  |                 |                                 |                |
|---------------------|-------------------------------------------------------------------------------------|------------------|-----------------|---------------------------------|----------------|
| <b>SUBMITTED BY</b> |                                                                                     |                  |                 | <b>Complete (if applicable)</b> |                |
| Name (Print/Type)   | Charles F. Costello, Jr.                                                            | Registration No. | 27,324          | Telephone                       | (609) 716-3273 |
| Signature           |  | Day              | October 2, 2001 |                                 |                |

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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/865,023         | 05/24/2001          | Michael Aven          | AM100307-00            |

CONFIRMATION NO. 2884

## FORMALITIES LETTER



\*OC00000006349532\*

Intellectual Property Department  
BASF Corporation  
3000 Continental Drive - North  
Mount Olive, NJ 07828-1234

Date Mailed: 07/26/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

*A copy of this notice **MUST** be returned with the reply.*

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